

NEIFELD REF.: SIEM0015U/US

IN RE APPLICATION OF: Gradischnig

APPLICATION NO: 09/673,905

FILED: 10/23/2000

FOR: Signaling System in a Signaling Point

ASSISTANT COMMISSIONER FOR PATENTS

ALEXANDRIA, VA 22313



50-2106
#

AMENDMENT COVER LETTER INCLUDING AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT

SIR:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required
- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.
- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement submitted herewith.
- Additional documents filed herewith: Petition for Extension of Time Under 37 CFR 1.136 (1 Page, In Duplicate)

The Fee has been calculated as shown below:

CLAIMS	CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY PAID	NO. EXTRA CLAIMS	RATE	CALCULATIONS
TOTAL	18	MINUS	18	0	× \$50 =	\$0.00
INDEPENDENT	5	MINUS	5	0	× \$200 =	\$0.00
		<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS			+ \$360 =	\$
						TOTAL OF ABOVE CALCULATIONS \$0.00
		<input type="checkbox"/> Reduction by 50% for filing by Small Entity				\$
		<input type="checkbox"/> Recordation of Assignment			+ \$40 =	\$
		<input checked="" type="checkbox"/> Petition for Extension of Time: 1 Month			+ \$120 =	\$120.00
		<input type="checkbox"/>	2 Months		+ \$450 =	\$
		<input type="checkbox"/>	3 Months		+ \$1,020 =	\$
		<input type="checkbox"/>	4 Months		+ \$1,590 =	\$
		<input type="checkbox"/> Terminal Disclaimer			+ \$130 =	\$
		<input type="checkbox"/> Information Disclosure Statement Prior to Final			+ \$180 =	\$
		<input type="checkbox"/> Other: _____				
						TOTAL \$120.00

A check including the amount of \$120.00 is attached.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2106.

Respectfully Submitted,

Robert G. Crockett

Registration No. 42,448
Attorney of Record

7/21/2005
Date